

CANDIDATE REPORT OF 2008
RECEIPTS AND DISBURSEMENTS

Name of Candidate Tom King
Address P.O. Box 1134 Petal, MS 39465 County Forrest
Telephone (Work) 359-2886 (Home) 601-582-3617 (Fax) 601-359-5957
Contact Name Tom King Email Address _____
Office Sought State Senate #44 Political Party Republican

☐ Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

- ____ October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory
____ November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008).....Runoff Candidates
✓ January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008).....Mandatory
____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
(2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
(3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
(4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$	<u>10650</u> + \$ <u>200</u>	\$ <u>10850</u>	\$ <u>10850</u>
Total amount of disbursements \$	<u>9297</u> + \$ <u>6239</u>	\$ <u>15536</u>	\$ <u>15536</u>
Total amount of cash on hand \$		<u>8979</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Tom King
(Signature of Candidate)

1-26-09
(Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- SEND TO:
1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

RECEIVED
JAN 26 2009

Secretary of State
Capitol Office

Name of Candidate or Committee Tom King
 Reporting period Jan 1, 2008 through Dec 31, 2008

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>WAL - PAC</u>	<u>7/8/08</u>	\$ <u>500.00</u>
Mailing Address <u>702 S.W. 8th St.</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Bentonville, AR. 72716-</u>	<u>—/—/—</u>	\$
Name of Employer (Required) <u>0/50</u>	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&T PAC</u>	<u>9/30/08</u>	\$ <u>500.00</u>
Mailing Address <u>175 E. Capitol Street St. 702</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Jackson, MS. 39201-2135</u>	<u>—/—/—</u>	\$
Name of Employer (Required)	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Motorola</u>	<u>11/4/08</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. BX. 68429</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Schaumburg, IL. 60168</u>	<u>—/—/—</u>	\$
Name of Employer (Required)	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS. Assoc. For Home Care</u>	<u>11/19/08</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. BX. 1468</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Ridgeland, MS. 39158</u>	<u>—/—/—</u>	\$
Name of Employer (Required)	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Tom King
 Reporting period Jan. 1, 2008 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Bayer</u>	<u>6/16/08</u>	\$ <u>500.</u>
Mailing Address <u>100 Bayer Road</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Pittsburg, Pa. 15205-</u>	<u>—/—/—</u>	\$
Name of Employer (Required) <u>9741</u>	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>Chevron Corporation</u>	<u>7/3/08</u>	\$ <u>1,000.</u>
Mailing Address <u>P.O. BX. 9034</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Concord, Ca. 94524</u>	<u>—/—/—</u>	\$
Name of Employer (Required)	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>MS. Dental PAC</u>	<u>9/3/08</u>	\$ <u>400.</u>
Mailing Address <u>2630 Ridgewood Rd. St. C</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Jackson, MS. 39216-</u>	<u>—/—/—</u>	\$
Name of Employer (Required) <u>4920</u>	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>400.</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>MS. AGENTS & EMPLOYEES PAC</u>	<u>8/20/08</u>	\$ <u>500.</u>
Mailing Address <u>P.O. BX 39</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Olive Branch, MS. 38654</u>	<u>—/—/—</u>	\$
Name of Employer (Required)	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.</u>

Name of Candidate or Committee Tom King
 Reporting period Jan. 1, 2008 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Warren Paving</u>	<u>6/6/08</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 572</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39403</u>	<u>1/1/</u>	\$
Name of Employer (Required)	<u>1/1/</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>NECAISE Construction Co., Inc.</u>	<u>6/6/08</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 572</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39403</u>	<u>1/1/</u>	\$
Name of Employer (Required)	<u>1/1/</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>Ben Law Ventures, Inc.</u>	<u>6/6/08</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 572</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39403</u>	<u>1/1/</u>	\$
Name of Employer (Required)	<u>1/1/</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>Lawrence W. Warren</u>	<u>6/6/08</u>	\$ <u>2,000.00</u>
Mailing Address <u>P.O. Box 572</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39403</u>	<u>1/1/</u>	\$
Name of Employer (Required)	<u>1/1/</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>2,000.00</u>

Name of Candidate or Committee Tom King
 Reporting period Jan. 1, 2008 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Baker Donelson</u>	<u>12/17/08</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. BX. 14167</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Jackson, MS, 39236</u>	<u>—/—/—</u>	\$
Name of Employer (Required)	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Electric Power Assoc. of MS.</u>	<u>12/17/08</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. BX. 3300</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Ridgeland, MS, 39158</u>	<u>—/—/—</u>	\$
Name of Employer (Required)	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ADVANCE America</u>	<u>12/22/08</u>	\$ <u>250.00</u>
Mailing Address <u>135 N. Church St.</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Spartanburg, S.C. 29306</u>	<u>—/—/—</u>	\$
Name of Employer (Required)	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>—/—/—</u>	\$
Mailing Address	<u>—/—/—</u>	\$
City, State, Zip Code	<u>—/—/—</u>	\$
Name of Employer (Required)	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Tom King
 Reporting period Jan. 1, 2008 through Dec. 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name <u>Rotary Club of Petal</u>	Date (Mo., Day, Year) <u>12/12/08</u>	Amount of each disbursement this period \$ <u>520.⁰⁰</u>
Mailing Address <u>Petal, MS. 39465</u>	<u>12/12/08</u>	\$ <u>520.⁰⁰</u>
City, State, Zip Code <u>Petal, MS. 39465</u>	<u>12/12/08</u>	\$ <u>520.⁰⁰</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>520.⁰⁰</u>
B. Full name <u>ALL TEL</u>	Date (Mo., Day, Year) <u>1/1/08</u>	Amount of each disbursement this period \$ <u>984.⁰⁰</u>
Mailing Address <u>P.O. Box 8004</u>	<u>1/1/08</u>	\$ <u>984.⁰⁰</u>
City, State, Zip Code <u>Little Rock, AR 72203</u>	<u>12/31/08</u>	\$ <u>984.⁰⁰</u>
Purpose of Disbursement (Optional) <u>8004</u>	Aggregate Year-to-date	\$ <u>984.⁰⁰</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>AARON Rental</u>	<u>1/2/08</u>	\$ <u>335.⁰⁰</u>
City, State, Zip Code	<u>1/2/08</u>	\$ <u>335.⁰⁰</u>
Purpose of Disbursement (Optional) <u>JACKSON, MS.</u>	Aggregate Year-to-date	\$ <u>335.⁰⁰</u>
D. Full name <u>NE Jam</u>	Date (Mo., Day, Year) <u>1/11/08</u>	Amount of each disbursement this period \$ <u>1,635.⁰⁰</u>
Mailing Address <u>MORNING side Dr.</u>	<u>1/11/08</u>	\$ <u>1,635.⁰⁰</u>
City, State, Zip Code <u>Jackson, MS.</u>	<u>1/11/08</u>	\$ <u>1,635.⁰⁰</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1,635.⁰⁰</u>
E. Full name <u>U. S. Post office</u>	Date (Mo., Day, Year) <u>3/11/08</u>	Amount of each disbursement this period \$ <u>205.⁰⁰</u>
Mailing Address	<u>3/11/08</u>	\$ <u>205.⁰⁰</u>
City, State, Zip Code <u>Petal, MS. 39465</u>	<u>3/11/08</u>	\$ <u>205.⁰⁰</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>205.⁰⁰</u>
F. Full name <u>P. H. S</u>	Date (Mo., Day, Year) <u>1/5/08</u>	Amount of each disbursement this period \$ <u>441.⁰⁰</u>
Mailing Address <u>Hwy 42</u>	<u>1/5/08</u>	\$ <u>441.⁰⁰</u>
City, State, Zip Code <u>Petal, MS. 39465</u>	<u>1/6/08</u>	\$ <u>441.⁰⁰</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>441.⁰⁰</u>

Name of Candidate or Committee Tom King
 Reporting period Jan 1, 2008 through Dec. 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name	<u>State Fund 2001</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>Capital St.</u>	<u>4/10/08</u>	\$ <u>290.00</u>
City, State, Zip Code	<u>Jackson, ms.</u>	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>290.00</u>
B. Full name	<u>Randy Pierce Campaign</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>10/21/08</u>	\$ <u>250.00</u>
City, State, Zip Code		<u>1/1/</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>250.00</u>
C. Full name	<u>Office Depot</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>Hwy 98 West</u>	<u>1/1/</u>	\$ <u>209.00</u>
City, State, Zip Code	<u>Hattiesburg, MS.</u>	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name	<u>Cort</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>12/18/08</u>	\$ <u>414.00</u>
City, State, Zip Code	<u>Ridgeland, MS.</u>	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name	<u>Burton's</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>Hwy 98 West</u>	<u>1/1/</u>	\$ <u>449.00</u>
City, State, Zip Code	<u>Hattiesburg, MS.</u>	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name	<u>Advertising (constituents)</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>1/1/</u>	\$ <u>3565</u>
City, State, Zip Code	<u>Forrest, Lamar, Perry Counties</u>	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$